

**New Jersey Department of Health and Senior Services
Infectious and Zoonotic Diseases Program**

APPLICATION FOR ANIMAL CRUELTY INVESTIGATOR CERTIFICATION

Name of Applicant - First Middle Last			Date of Birth
Street Address			Social Security Number
City State Zip Code			Education - Highest Grade Completed
Present Position			Length of Time Employed as ACO
Employer			Course Grade
Course Location		Date Completed	STATE USE ONLY
Signature of Applicant		Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Cert. No.:

VPH-30
NOV 01

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